CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			T
The C/OH Instruction Guide exp	lains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME MS/MRS/	MR FIRST LAST LAST SOLIS	MI E SUFFIX	OFFICE USE ONLY Date Received
I MAILING		STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE (469)	PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME NICKNAME		MI P SUFFIX	Date Imaged
TREASURER 35	DRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY, STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE (214)	PHONE NUMBER 957-8387	EXTENSION	
9 REPORT TYPE Janua	ary 15 30th day before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD Month COVERED 16 / 2	Day Year THROUGH	Month Day	Year
11 ELECTION ELE	CTION DATE ELECTION TYPE Day Year Primary	Runoff	General Special
Book	(fany) AS ISD 20 OF TRUSTEES LICET 8	13 OFFICE SOUGHT (if known)	
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission File	ers)
MIGNEL	- Sous		00000000	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	7
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	HDS FIRST		
	SPECIFIC	COMMITTEE ADDRESS		
		4447 NORTH CANTEL EXPRESSIVA	STE. 110 DILAS, TX 25	205
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		NELSON HSU		
		COMMITTEE CAMPAIGN TREASURER ADDRESS 6234 McCommas AVE. Damas, TX 75214		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	1 4	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$97,016.00	כ
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,192.55	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$28,126.54	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* THE \$ \$	
18 AFFIDAVIT				\neg
X St	K. GULLEY lotary Public, ate of Texas	is true and correct and includes me under Title 15, Election Code	of perjury, that the accompanying reportal information required to be reported by and idea or Officeholder	1
AFFIX NOTARY STAM	P / SEAL ABOVE			
Sworn to and subscribed before me, by the said figure of the day of farman, 20 14, to certify which, witness my hand and seal of office.				
Signature of officer admir	nistering cath	Printed name of officer administering oath	Miller Holan Title of officer administering path	}
Signature of officer admili	note ing batti	Times hame of officer administering oath	The of officer aurillnistering oath	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)
	SOLIS	4	8 000000
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	EDUCATE DAVAS COMMITTEE ADDRESS	
	SPECIFIC	700 N. PEARL ST. G-1200 Damas, TX 75201	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		JIM OBERLUTTER	
		COMMITTEE CAMPAIGN TREASURER ADDRESS TOO N. PEARLY ST. G-1700	
		DAMAS, TX 75201	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$ _
	4. TOTAL	POLITICAL EXPENDITURES	\$ _
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	DAY \$ —
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* _
18 AFFIDAVIT			
			perjury, that the accompanying report
Secretario	*********	me under Title 15, Election Code.	information required to be reported by
IMARY ALMIN	K. GULLEY Notary Public,)
OF	State of Texas	Mark	
Sarsessesses	ornm. Exp. 05-01-14	Signature of Cano	didate or Officeholder
Sworn to and subs		ne by the said Miguel Sal	, this the
15th day	of Janua	14	ny hand and seal of office.
1/NO day	7	, to certify writer, writess in	ry hand and seal of office.
Signature of officer admir	ky nistering oath	Printed name of officer/administering oath	Title of officer administering oath
,			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
MIGUE	1 50:15		000000	08
	- 3045			
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/30/13	JESUS ABREGO 6 Contributor address; City; State; Zip Code 8675 WASHINGTON BEAUMONT, TX 77707		25.00	[[
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Para III		contribution (\$)	description (if applicable)
11/2/13	PARVEL HAWKINS Contributor address; City; State; Zip Code 2821 ROUND TOWER PORT NECWES, TX 77	1.41	100.00	
<i>l</i> 1	2821 LOUND 18WE	1.81	,00	
	YORK NECKS, TX 77	1 C D	ĺ	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
			4	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	0 3		contribution (\$)	description (if applicable)
11/2/13	R. BROOKS PEED Contributor address; City; State; Zip Code 12400 COTT RD. SUTTE DALLAS TX 75251	- 950	1,000.00	
D: : 1	-E- /)-1 E9 (O			of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	D D		contribution (\$)	description (if applicable)
1-1-	PETE DALE		,	
11 3 13	Contributor address; City; State; Zip Code 6019 ST. ANDREWS DR DAMAS, TX 75205	- .	0< ===	
	GOTT ST. ANDECUS		250.00	
	DAMAS, TX 75205			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
		UAS	contribution (\$)	description (if applicable)
11/8/13	Contributor address; City; State; Zip Code 2438 ALCO AVENUE DALLAS, TX 75211		1,000.00	
-	DALLAS, TX 75211		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
		The second secon		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Cuido avalaina hou to complete this	farm	1 Total pages Sch	edule A:
The Instruction Guide explains how to complete this form.			2 06	2
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
MIGU	EL SOUS		0000000	8
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Damas KIDS FILET			
10/20/13	6 Contributor address: City: State: Zip Code			Our Company
' '	6 Contributor address; City; State; Zip Code +4++ 7 NORM CONTRAL EXPRESSION; S	TE: 110	6642.00	PAID CANVASSING
	DALLAS, TX 75205			
			(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
- 1500			146,444	
Date	Full name of contributor)	Amount of	In-kind contribution
	-		contribution (\$)	description (if applicable)
12/2/12	Contributor address; City; State; Zip Code			
12/13/13	Contributor address; City; State; Zip Code	•	200.00	UEGAL COSTS
	Dans 5. TX 75201			
	Danas, 1 h			
Deineinel en en	option / Joh title (Con Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	mstructions)	
Dete	Full name of contributor	\	Amount of	In kind contribution
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
1-1-	VINSON & ELLINS, L.L.F	٠.		
12/31/13	Contributor address: City: State: Zin Code			
8 8	Continuator address, City, State, Zip Code		1.	l
	2001 Poss AVE. STE. 370	ာဗ	46,120.00	LEGAL COSTS
	VINSON & ELKINS L.L.F. Contributor address; City; State; Zip Code 2001 Poss AVE. STE. 370 DALLAS, TX 75201	00	46,120.00	LEGAL COSTS
	2001 ROSS AVE. STE. 370 DALLAS, TX 75201	00		of Texas, complete Schedule T)
	2001 Poss AVE. STE. 370 DALLAS TX 75201 Dation / Job title (See Instructions)	Employer (See	(If travel outside o	
	DALLAS, TX 75201		(If travel outside o	
	DALLAS, TX 75201		(If travel outside of instructions)	of Texas, complete Schedule T) In-kind contribution
Principal occup	pation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_	Employer (See	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_ VALDEZ	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	of Texas, complete Schedule T) In-kind contribution
Principal occup	pation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_ VALDEZ	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occup	Daniel TX 75201 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ VALDEZ WASHINGTON Contributor address; City; State; Zip Code 4514 Cove Ave., Ste. Ce Daniel TX 75205	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_ VALDEZ	Employer (See	(If travel outside of contribution (\$) (If travel outside of contribution (\$) (If travel outside of constructions)	In-kind contribution description (if applicable) LEGAL COSTS of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code 4514 Cove Ave., Stee. Ce David S. TX 7520S pation / Job title (See Instructions)	Employer (See	(If travel outside of instructions) Amount of contribution (\$)	In-kind contribution description (if applicable)
Date 12 S1 13 Principal occup Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	Employer (See	(If travel outside of contribution (\$) (If travel outside of contribution (\$) (If travel outside of constructions)	In-kind contribution description (if applicable) LEGAL COSTS of Texas, complete Schedule T) In-kind contribution
Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code 4514 Cove Ave., Stee. Ce David Type Type Type Type Type Type Type Type	Employer (See	(If travel outside of contribution (\$) (If travel outside of contribution (\$) (If travel outside of contributions)	In-kind contribution description (if applicable) In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Date 12 S1 13 Principal occup Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	Employer (See	(If travel outside of contribution (\$) (If travel outside of contribution (\$) (If travel outside of constructions)	In-kind contribution description (if applicable) LEGAL COSTS of Texas, complete Schedule T) In-kind contribution
Date 12 S1 13 Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code 4514 Cove Ave., Stee. Ce David Type Type Type Type Type Type Type Type	Employer (See	(If travel outside of instructions) Amount of contribution (\$) (If travel outside of instructions) Amount of contribution (\$) 33, 429.00	In-kind contribution description (if applicable) LEGAL COSTS In-kind contribution description (if applicable) LEGAL COSTS
Principal occup Date 12 31 13 Principal occup Date 12 31 13	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ VALDEZ	Employer (See	(If travel outside of instructions) Amount of contribution (\$) (If travel outside of instructions) Amount of contribution (\$) 33, 429-00 (If travel outside of instructions)	In-kind contribution description (if applicable) In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Principal occup Date 12 31 13 Principal occup Date 12 31 13	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code 4514 Cove Ave., Stee. Ce David Type Type Type Type Type Type Type Type	Employer (See	(If travel outside of instructions) Amount of contribution (\$) (If travel outside of instructions) Amount of contribution (\$) 33, 429-00 (If travel outside of instructions)	In-kind contribution description (if applicable) LEGAL COSTS In-kind contribution description (if applicable) LEGAL COSTS
Principal occup Date 12 31 13 Principal occup Date 12 31 13	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ VALDEZ	Employer (See	(If travel outside of instructions) Amount of contribution (\$) (If travel outside of instructions) Amount of contribution (\$) 33, 429-00 (If travel outside of instructions)	In-kind contribution description (if applicable) LEGAL COSTS In-kind contribution description (if applicable) LEGAL COSTS
Principal occup Date 12 31 13 Principal occup Date 12 31 13	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ VALDEZ	Employer (See	(If travel outside of instructions) Amount of contribution (\$) (If travel outside of instructions) Amount of contribution (\$) 33, 429.00 (If travel outside of instructions)	In-kind contribution description (if applicable) LEGAL COSTS In-kind contribution description (if applicable) LEGAL COSTS
Principal occup Date 12 31 13 Principal occup Date 12 31 13	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ VALDEZ	Employer (See	(If travel outside of natructions) Amount of contribution (\$) (If travel outside of natructions) Amount of contribution (\$) (If travel outside of natructions) As NEEDED	In-kind contribution description (if applicable) LEGAL COSTS of Texas, complete Schedule T) In-kind contribution description (if applicable) LEGAL COSTS of Texas, complete Schedule T)

PLEDO	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sche	
2 FILER NAM	E		3 ACCOUNT # (Et	hics Commission Filers)
MIGI	JEL SOLIS		000000	800
	TAL OF UNITEMIZED PLEDGES:	D D	\$ \$	\$ N/A
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See In		,
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description
			pleage (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In		rexas, complete schedule 1)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 - (If travel outside of	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside of	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See Ir		The conduction of
lf	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru			requirements.

LOANS			SCHEDULE	E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
			106 /	
2 FILER NAME			3 ACCOUNT # (Ethics Commission F	ilers)
MIGU	EL Sous		8000000	
TOTA	L OF UNITEMIZED LOANS: ⇔		⇒ \$ N A-	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)	
6 Is lender a financial	8 Lender address; City; State; Z		10 Interest rate	
Institution? Y N			11 Maturity date	the secondary
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	ateral	15 Check if personal funds were	deposited into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor	1 3 444-4-4	19 Amount Guaranteed	(\$)
not applicable	18 Guarantor address; City; St	ate; Zip Code		
20 Principal Occupat	on (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State; Zi	ip Code	Interest rate	
Y N			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	iteral	Check if personal funds were	deposited into political account	
none				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed	(\$)
not applicable	Guarantor address; City; St	ate; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEED		

POLITICAL EXPENDITURES

SCHEDULE F

			#
70 15.	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ALL KIND DOVING CONTRACTOR CONTRACTOR CONTRACTOR	n Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	ising Expense Trai	nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Con	tributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis	trict	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F	Rental Expense OTH	HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	1.00 1.0007
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	_		
1004	MIGUEL SOLIS		8 000000
4 Date	5 Payee name		
11/1/2013	JMH PRINTING		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
C Amount (Φ)	721 WEST TARRANT	0 5	
725 / 0		K-15.	
735.68	GRAND PRANTE, TX 75	:0S0	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	evel outside of Texas, complete Schedule T)
EXPENDITURE	PRINTING EXPENSE	MAILE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Dete	Payee name		
Date	Payee name		
10/30/13	JMH PRINTING		
Amount (\$)	Payee address; City; State; Zip Code		
N. 10	721 WEST TARRANT B	D.	
398.39	GRAND PRACTE IX 7		
	CHIAND PRACTE	3000	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
OF			. \
EXPENDITURE	PRINTING EXPENSE	Door	HANGER S
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		contractional and a first of the second
Date	Payee name		
11/1/13	Man Town late		
	I IAIL I DDAM, INC.		
Amount (\$)	Payee address; City; State; Zip Code		
(082.10	THE PROPERTY DE	• •	
602.10	Dauas, TX 75247		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF	C	POSTORGE	h werenge
EXPENDITURE	SOLICITATION EXPENSE	00 M	AILERS
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	Н		
Date	Payee name		
11/2/13	OFFICE DEPOT STORE	120	
		. —	
Amount (\$)	Payee address; City; State; Zip Code		
60.52	The state of the s		
00.52	DALLAS. TX 75219		
		7	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
OF	OFFICE OVERHEAD	CLIPBOAR	LOS & FOLDERS
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	011	and the second of the second o	ner nam Derbilder Frytting der Sauts-Arthur
249	OH		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	A DESCRIPTION OF THE PROPERTY		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Lo ising Expense Tra Co rict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2054	MIGUEL SOLIS		8000000
4 Date	5 Payee name		A3333 A344
11/5/13	CHEVRON		
6 Amount (\$) 27.52	7 Payee address; City; State; Zip Code 7950 FOREST LW. 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) There IN DISTRICT	GASOUN	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
11/5/13	LA POPULAR INC.		
Amount (\$)	Payee address; City; State; Zip Code		
48.71	DALLAS, TX 75214	0.3	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOR BEVERAGE EX PENSE	FOOD FOR	ravel outside of Texas, complete Schedule T) Vountee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
11/6/13	LA Popular INC. Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
1,500.00	DALLAS, TX 75214		
PURPOSE	Category (See categories listed at the top of this schedule)		ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	LOOD BEVERAGE EXPENSE	WATEN PA	ety expenses
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
11/8/13	IN Focus Campancan, L	ic.	
Amount (\$)	Payee address; City; State; Zip Code		
/ in σωτι (ψ)	Payee address, City, State, Zip Code		
1,680.08	FORT WORTH, TX 76114		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	SOUNTETT ON EXACUSE	PHONE	Caus
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

Gift/Awards/Memorials Expense

Advertising Expense

SCHEDULE F

Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of E	draising Expense Transportation II ct Contributions/D District Candidate/O	nt/Reimbursement Equipment & Related Expense conations Made By fficeholder/Political Committee a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F:	2 FILER NAME MGVEL SOLIS		NT # (Ethics Commission Filers)
4 Date	5 Payee name CASEY & Company	•	
6 Amount (\$)	7 Payee address; City; State; Zip Code	46.577	
10,000.00	DALLAS, TX 75219	SUME SOO	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name WALGREENS # 783	39	
Amount (\$)	Payee address; City; State; Zip Code		A A A A A A A A A A A A A A A A A A A
12.97	BBOZ CEDAR SPRINGS PT DAMAS, TX 75219	•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	exas, complete Schedule T)
OF EXPENDITURE	OFFICE OVERHEAD	SPATIONALY	1
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 1 20 13	Payee name NATIONBUILDER, INC.		
Amount (\$)	Payee address; City; State; Zip Code	200	
19.00	LOS ANGELES, CA. 90013		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of 1	exas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	WEBSITE	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
12/20/13	NATION BUILDER, INC.		
Amount (\$)	Payee address; City; State; Zip Code	200	(4.8)
19.00	448 S. HILL ST., SUITE 2 LOS ANGELES, CA 90015	3	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	ADVEDNISING EXPENSE	WEERITE	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED	
	A THE CONTRACT OF THE CONTRACT		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense		alaries/Wages/Co		oan Repayment/Re	imbursement
Accounting/Banking				ransportation Equip	ment & Related Expense
Consulting Expense				ontributions/Donati	ons Made By nolder/Political Committee
Event Expense Fees		ravel Out Of Dist office Overhead/R			egory not listed above)
	The Instruction Guide ex				egory not listed above)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT#	(Ethics Commission Filers)
4004	MIGVEL SOUS			00000	8000
4 Date	5 Payee name				
12/31/13	PAMPAL				
6 Amount (\$)	7 Payee address; City; State;	, Zip Code			
	2211 NOLTH FILST	ST.			
8.58	SAN JOSE, CA 9519	31			
8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule)	(b) Description (If		complete Schedule T)
EXPENDITURE	FEES		CHEDIT C	40-0 hee	~
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
bate	, ayou name				
Amount (\$)	Payee address; City; State:	; Zip Code		44	
	90 (20 ±950%) 4				
DUDGGE	Category (See categories listed at the top of t	this echadula)	Description (If	travel outside of Texas,	complete Cabadula T)
PURPOSE OF	Category (See Categories listed at the top of t	riis scriedule)	Description (ii	iraver butside or rexas,	complete Scriedule 1)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н				
Date	Payee name				
	5 11 61 61				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description (If	travel outside of Texas,	complete Schedule T)
OF			,		
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	н				
Date	Payee name				
Date	Payee name				
Amount (C)	Davis address City State	Zin Code			100 100 100 100 100 100 100 100 100 100
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (If	travel outside of Texas,	complete Schedule T)
OF		au ver destud entre del (19 .5 7).	1.00	eren manter (en ere konsek) Tetrik (Mesket) Tibbil	energentes transportation en
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	TO 198000	Office sought		Office held
-Approximate to policine or	THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION AD		2020 1 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10		3.1
	ATTACH ADDITIONAL COP	IES OF THIS S	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

EXPENDITURE CATEGORIES FOR BOX 8(a)

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

1 555	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
IOFI	MIGUEL SOUS	00000000
4 Date	5 Payee name	
	N/A	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from		
political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITORE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from		
political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Date	1 ayee hame	
Amount (\$)	Payee address; City; State; Zip Code	
	, , , , , , , , , , , , , , , , , , , ,	
Reimbursement from political contributions		
intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
Date	Payee name	
	,	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee			
	The Instruction Guide explains how to		3		
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
1001	MIGUEL SOUS		00000000		
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)		
Complete ONLY if direct					
Date	Business name	***			
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)				
1051	MIGUEL SOLIS	8 000000				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	hics Commission Filers)				
MIGU	MIGUEL SOUS 0000008				
4 Date	5 Name of person from whom amount is received N/A 6 Address of person from whom amount is received; City; State; Zip Code		8 Amount (\$)		
	7 Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code				
	Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code				
	Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code				
	Purpose for which amount is received				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (TDD 1-800-735-2989) (512) 463-5800 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 1 00 1 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME MIGUEL SOUS 00000008 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N PAC-C COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N PAC-C PAC-E COH-UC СОН-Т Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G

COH-UC

Purpose of travel (including name of conference, seminar, or other event)

СОН-Т

Means of transportation

Dates of travel

Schedule H

Schedule N

Departure city or name of departure location

Destination city or name of destination location

Name of person(s) traveling

PAC-E

PAC-C